

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

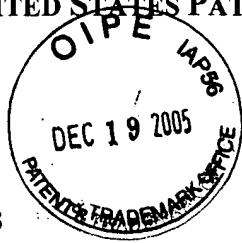
In re Patent Application of:

FORCILLO, Johnny

Appln. No.: 10/609,320

Filed: June 30, 2003

Title: ADJUSTABLE STATIONARY EXERCISE  
BICYCLE



Atty. Docket No.: 2626-0003

Confirmation No.: 7347

Group Art Unit: 3764

Examiner: NGUYEN, Tam

Date: December 19, 2005

**REPLY/AMENDMENT/LETTER  
TRANSMITTAL COVER SHEET**

Hon. Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

**FEE REQUIREMENTS**

	<i>Claims remaining after amendment</i>		<i>Highest number previously Paid For</i>	<i>Present Extra</i>	<i>Rate: Large/Small Entity</i>	
1. Total	32	minus	20	*	= 12	X \$50 / \$25 = \$300
* If this number is less than 20, enter "20"						
2. Independent Claims	11	minus	3	**	= 8	X \$200 / \$100 = \$800
** If this number is less than 3, enter "3"						
3. If amendment enters multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is an <u>reissue</u> application)					\$360 / \$180 =	\$ 0
<b>4. Original due date:</b> September 30, 2005						
				Check time period and enter appropriate fee		
5. Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee is:				<input type="checkbox"/> 1 month	\$120 / \$60	
				<input type="checkbox"/> 2 months.	\$450 / \$225	\$510
				<input checked="" type="checkbox"/> 3 months	\$1020 / \$510	
6. <input type="checkbox"/> Attached is a Petition/Fee under Rule No.						\$ 0
7. Other Fee for Information Disclosure Statement						\$ 180
8. Total Fee Enclosed:						\$1790

12/20/2005 HALI11 00000113 501860 10609320

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continued on next page...

*In re Patent Application of:*

FORCILLO, Johnny

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TRANSMITTAL COVER SHEET, PAGE 2

Confirmation Number: 7347

9.  Please charge the total fee on line 8 above to our deposit account below under the stated order number.

Our Deposit Account No.: 501860

Our Order No. (Client-Matter No.): 2626-0003

**CHARGE STATEMENT:** Deposit Account No. 501860, order no. 2626-0003.

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

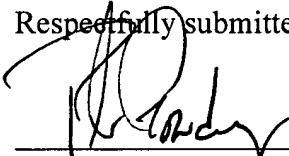
CUSTOMER NUMBER



\* 0 0 0 4 2 6 2 4 \*

Respectfully submitted,

By:

  
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